

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and \*Privacy  
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Kathy Gaither			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Undersecretary			CB/ID NUMBER			DIVISION OR BUREAU Office of the Secretary of Education		
RESIDENCE ADDRESS 1121 L Street #600			HEADQUARTERS ADDRESS 1121 L Street #600			INDEX NUMBER 131		
CITY Sacramento			STATE ca			ZIP CODE 95814		
CITY Sacramento			STATE ca			ZIP CODE 95814		

(1) MONTH/YEAR June		(3)  LOCATION WHERE EXPENSES WERE INCURRED	(4)  LODGING	(5) MEALS			(6)  INCIDENTALS	(7) TRANSPORTATION				(8)  BUSINESS EXPENSE	(9)  TOTAL EXPENSES FOR DAY	
(2)  DATE	TIME			BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A)  COST OF TRANS.	(B)  TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
08	05:30- 1500	Sacto/Burbank/Sacto		6.00			283.20		115.0	20.4	11.26		415.46	
(10) SUBTOTALS				6.00			283.20		115.00	20.48	11.26		415.46	

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 415.46

11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
6/8/09 Governor's Event, Calabalsas High School, Digital Textbooks

(12) NORMAL WORK HOURS

8 - 5

(13) PRIVATE VEHICLE LICENSE NUMBER

5mjh400

(14) MILEAGE RATE CLAIMED

.55

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt use.

CLAIMANT'S SIGNATURE

DATE

(16.)

6/24/09

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POSITION Undersecretary		CB/D NUMBER		DIVISION OR BUREAU Office of the Secretary of Education	
RESIDENCE ADDRESS* 1121 L Street #600		HEADQUARTERS ADDRESS 1121 L Street #600		INDEX NUMBER 131	
CITY Sacramento		STATE ca		ZIP CODE 95814	
CITY Sacramento		STATE CA		ZIP CODE 95814	

(1) MONTH/YEAR June 2009		(3)  LOCATION WHERE EXPENSES WERE INCURRED	(4)  LODGING	(5) MEALS			(6)  INCIDENTALS	(7) TRANSPORTATION					(8)  BUSINESS EXPENSE	(9)  TOTAL EXPENSES FOR DAY
(2)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
13	0430	Sacto/Raliegh, NC		6.00	10.00	18.00	6.00	15.00			20.4	11.26		66.26
14		Cary, North Carolina		6.00			6.00							12.00
15		Cary, North Carolina		6.00										6.00
16	1500	Raliegh, NC/Sacto	236.78	6.00	10.00			15.00		36.00				303.78
10) SUBTOTALS			236.78	24.00	20.00	18.00	12.00	30.00		36.00	20.48	11.26		388.04

COLUMN CODE (ACCTS. USE ONLY)

\$ 388.04

CLAIM TOTAL

11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

6/13-16/09 Governor's Education Symposium, Cary, North Carolina

(12) NORMAL WORK HOURS

8 - 5

(13) PRIVATE VEHICLE LICENSE NUMBER

5mjh400

(14) MILEAGE RATE CLAIMED \*

.55

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

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CLAIMANT

DATE

(16) APPROVING TRAVEL AND PAYMENT

DATE

6/24/09